

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2014 OCT 20 AM 7:30

COMMITTEE NAME (Must be same as on Statement of Organization)
CLINTON FOLLETTE FOR POWESHIEK COUNTY ATTORNEY

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
CLINTON FOLLETTE

Political Party (if applicable)
REPUBLICAN

Office Sought
POWESHIEK COUNTY ATTORNEY

District (if Senate or House)

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>19382</u>	
Logged In	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Rol Follette
SIGNATURE OF PERSON FILING REPORT

641-236-6558
TELEPHONE

10-20-14
DATE SIGNED

I AM FILING A 10/14/2014

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election <u>11/04/2014</u>
County & Local Committees, enter County in which Election is held <u>POWESHIEK</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,645.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 1,645.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,645.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 2,204.84

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 12/13)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 CLINTON FOLLETTE FOR POWESHIEK COUNTY ATTORNEY

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND-RAISER INCOME
5/25/14	ID# CK#	HUGH CAIN 5290 33 AVE NORWALK, IA 50211	NONE	\$40	<input type="checkbox"/>
5/21/14	ID# CK#	EJ KELLY 2700 GRAND AVE SUITE 111 DES MOINES, IA 50312	NONE	100	<input type="checkbox"/>
6/13/14	ID# CK#	CLINTON FOLLETTE 2512 WISPERING RIDGE RD DES MOINES, IA 50230	SELF	10	<input type="checkbox"/>
7/13/14	ID# CK#	BRENT HINDERS 1029 ROLLINS HILLS NORWALK, IA 50211	NONE	50	<input type="checkbox"/>
9/27/14	ID# CK#	CHUCK DUNHAM BOX 189 DEEP RIVER, IA 52222	NONE	20	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	MELISSA JOHNSON 1823 STOEKER ST GRINNELL, IA 50112	NONE	25	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	GARY MILBURN 1710 7TH AVE GRINNELL, IA 50112	NONE	30	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	PHYLLIS PHIPPS 622 MAIN ST GRINNELL, IA 50112	NONE	50	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	KEITH BRIGGS 1821 SPRING ST GRINNELL, IA 50112	NONE	50	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	BETH HENDRICKS 4445 HWY 146 GRINNELL, IA 50112	NONE	100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 475	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable in the relationship column.

Page 1 of 2 familial relationship, (for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**
(Including candidate's personal funds)

SCHEDULE A (Rev. 12/13)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 CLINTON FOLLETTE FOR POWESHIEK COUNTY ATTORNEY

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND-RAISER INCOME
9/27/14	ID# CK#	MARK RISTING 1816 SPRING ST GRINNELL, IA 50112	NONE	\$100	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	CONNIE HUMPHREY 11293 HIGHWAY F 17 E GILMAN, IA 50106	NONE	100	<input checked="" type="checkbox"/>
9/27/14	ID# CK#	UNITEMIZED UNDER 25	NONE	70	<input checked="" type="checkbox"/>
10/09/14	ID# CK#	MARK KENNETT 796 400TH AVE GRINNELL, IA 50112	NONE	300	<input type="checkbox"/>
10/09/14	ID# CK#	ESTHER LOFTIN 3574 80TH ST GRINNELL, IA 50112	NONE	500	<input type="checkbox"/>
10/10/14	ID# CK#	ROYAL ROLAND 422 390TH AVE GRINNELL, IA 50112	NONE	100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1170	
TOTAL (If last page of this schedule)				\$ 1645	

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Page 2 of 2 Familial relationship,
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 CLINTON FOLLETTE FOR POWESHIEK COUNTY ATTORNEY

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/15/14	CLINTON FOLLETTE 2512 WISPERING RIDGE DR DES MOINES, IA 50230	SIGNS	\$ 2,204.84
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,204.84

*If actual figure is unknown, show "estimated" beside the figure.

Page _____ of _____
 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.